

**Department of Public Works**

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**BACKFLOW PREVENTION ASSEMBLY TESTING REPORT**CITY USE  
ONLY

SERVICE NO.

DEVICE NO.

NAME OF PREMISE \_\_\_\_\_ Commercial ☐ Residential ☐

SERVICE ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

CONTACT COMPANY \_\_\_\_\_ ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

LOCATION OF ASSEMBLY \_\_\_\_\_

DOWNSTREAM PROCESS \_\_\_\_\_ DCVA ☐ RPBA ☐ PVBA ☐ OTHER \_\_\_\_\_NEW INSTALL ☐ EXISTING ☐ REPLACEMENT ☐ OLD SER. # \_\_\_\_\_ PROPER INSTALLATION? YES ☐ NO ☐

MAKE OF ASSEMBLY \_\_\_\_\_ MODEL \_\_\_\_\_ SERIAL NO. \_\_\_\_\_ SIZE \_\_\_\_\_

INITIAL TEST	<u>DCVA / RPBA</u> <u>CHECK VALVE NO.1</u>	<u>DCVA / RPBA</u> <u>CHECK VALVE NO.2</u>	<u>RPBA</u>	<u>PVBA/SVBA</u> AIR INLET
PASSED <input type="checkbox"/> FAILED <input type="checkbox"/>	LEAKED <input type="checkbox"/> _____PSID	LEAKED <input type="checkbox"/> _____PSID	OPENED AT _____PSID #1 CHECK _____PSID AIR GAP OK? _____	OPENED AT _____PSID DID NOT OPEN <input type="checkbox"/>
NEW PARTS AND REPAIRS	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CLEAN REPLACE PART <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____	CHECK VALVE HELD AT _____PSID LEAKED <input type="checkbox"/> _____ CLEANED <input type="checkbox"/> REPAIRED <input type="checkbox"/>
TEST AFTER REPAIRS	LEAKED <input type="checkbox"/> _____PSID	LEAKED <input type="checkbox"/> _____PSID	OPENED AT _____PSID #1 CHECK _____PSID	AIR INLET _____PSID CHECK VALVE _____PSID

AIR GAP INSPECTION: Required minimum air gap separation provided? Yes ☐ No ☐ Detector Meter Reading \_\_\_\_\_

REMARKS: \_\_\_\_\_

\_\_\_\_\_ LINE PRESSURE \_\_\_\_\_ PSI \_\_\_\_\_ CONFINED SPACE? \_\_\_\_\_

TESTER'S SIGNATURE: \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_

TESTER'S NAME PRINTED: \_\_\_\_\_ TESTER'S PHONE ( ) \_\_\_\_\_

REPAIRED BY: \_\_\_\_\_ DATE \_\_\_\_\_

FINAL TEST BY: \_\_\_\_\_ CERT. NO. \_\_\_\_\_ DATE \_\_\_\_\_

CALIBRATION DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GAUGE # \_\_\_\_\_ MODEL \_\_\_\_\_ SERVICE RESTORED? YES ☐ NO ☐*I certify that this report is accurate, and I have used WAC 246-290-490 approved test methods and test equipment.*

\*\*\* NOTE: INCOMPLETE REPORTS WILL NOT BE ACCEPTED \*\*\*

ROUTING: White-City of Kirkland; Yellow-Tester's Copy; Pink-Owner's Copy